

**Hypertension: A Clinician's Guide to Diagnosis and Treatment. Second edition.** By Barry J. Sobel and George L. Bakris. 149 pp. Philadelphia, Hanley & Belfus, 1999. \$22 (paper). ISBN 1-56053-3196-6.

These authors have assembled an extremely beneficial paperback manual dealing with a commonly encountered clinical condition - hypertension. Their design achieves the stated goal to be an up-to-the-minute, revised, quick reference for the active physician. One can efficiently locate general strategies for working up and treating primary and secondary disease, current treatment options, and medication dosing, side effects, and contraindications.

The first chapter signals the quick reference theme by providing an admirable review, in outline form, of the clinical physiology and pharmacology of blood pressure control. The mechanisms are represented in text, graphic, and tabular form, all of which permit the reader to become refamiliarized with this now elaborate area of basic science. Subsequent chapters deal with the criteria for diagnosing hypertension, relevant risk factors for the development of hypertension, and recommendations for the thorough evaluation of the patient with hypertension.

Each chapter is several pages long, remains highly focused, and concludes with a thorough list of current associated references. The general readership would appreciate most the commonly recommended evaluations and therapies for treatment of essential hypertension and malignant and accelerated hypertension. Treatment is organized by medication category (diuretics,  $\beta$ -blocking agents) and by special considerations (renal failure, chronic pulmonary disease). In additional chapters the authors examine hypertension in pregnancy, the evaluation of hyperaldosteronism, the approach to the patient with suspected pheochromocytoma, and the approach to renovascular hypertension. Tables of medication dosing, side effects, and interactions are plentiful, all of which have been updated and are helpful. The index is concise and quickly directs the clinician to the desired information.

The small size and streamlined organization of this softcover manual make it a useful tool in an important area of primary care. All audiences, students through experienced physicians, will find this selection an asset to their daily clinical practice.

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**Family Medicine: Pretest Self-Assessment and Review.** Edited by Alan J. Smith, Donald E. Nease, Jr, Michael L O'Dell, and Victor S. Sierpina. 153 pp. New York, McGraw-Hill, 1999. \$35 (paper). ISBN 0-07-052695-8.

Now here is an idea. Buy this book. Sit down. Take a test. That's what I did with *Family Medicine: Pretest Self-Assessment and Review*. The book is designed to simulate medical examinations. It is organized by chapters on adult medicine (52 questions), obstetrics and gynecology

(60 questions), surgery (51 questions), pediatrics (65 questions), geriatrics (34 questions), psychiatry and behavioral medicine (40 questions), and preventive and community health (91 questions). The questions are clearly written in a multiple-choice or true-or-false format. Answers are easily understood and specifically referenced by author, year, and page number. Sources referenced in the bibliography include 47 prominent texts and 57 popular journals. The questions are well thought out, and the answers are well researched. Some questions are long clinical scenarios and others are short inquiries.

Overall, the editors and contributors did an excellent job of preparing the questions and organizing the text. The book is well suited for physicians or resident physicians preparing for the certification examination. It might also be helpful in medical student training. I found the pretest to be too easy. As do all disgruntled students, I argued the questions I got wrong until I read the answers. Then I swallowed my pride. Most importantly, I practiced test taking and learned from the answers. This book offers a straightforward tool for test preparation. I recommend it to anyone preparing for family medicine examination.

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**Sexually Transmitted Diseases. Third edition.** Edited by King K. Holmes, P. Frederick Sparling, Per-Anders Mardh, Stanley M. Lemon, Walter E. Stamm, Peter Piot, and Judith N. Wasserheit. 1454 pp, illustrated. New York, McGraw-Hill, 1999. \$149. ISBN 0-07-029688-X.

This is the one essential text for the family practice group that takes care of a population afflicted by sexually transmitted diseases (STDs). A copy should also be available in medical center reference libraries for those who have a special interest in the subject, but I do not recommend it for the typical family physician's personal library. The product of an 8-year gestation, it weighs in at a robust 8 pounds 4.5 ounces (3755 g) and, as the bible of STDs, should be a useful reference well into the next decade. As a family physician in a public health setting, I was pleased to find the psychologic, social, global epidemiologic, political, legal, and ethical aspects of STD treatment addressed in addition to the expected information on microbiology, pathology, and treatment.

Because the text is written by 174 (my count) contributors from several disciplines and three continents, the readability varies among the 107 separate chapters. Four appendixes display the 1998 Centers for Disease Control and Prevention guidelines for treatment, guidelines for the use of antiretroviral agents in adults infected with the human immunodeficiency virus (HIV), drug interactions, and Internet resources for acquired immunodeficiency syndrome and STDs. Most readers would find the 62-page index a practical starting point for clinical questions.

The two parts most useful for the clinician comprise 882 pages that detail descriptions of pathogens and STD care management. The other eight chapters include discussions of the socioeconomic impact of STDs and HIV

infection, the history of STDs, profiles of groups and behaviors with high priority for intervention, reproductive health, pediatrics, and prevention and control of STDs. Thorough considerations of special social issues including sexual assault make up the final part. Two new editors have joined this edition to emphasize prevention and control in the United States, as well as in developing countries, giving this internationally authored text a global perspective. According to the introduction, nearly one half of the chapters are completely new, and nearly all of those with continuing authors have been largely rewritten.

I was pleased to find 20 pages of 119 color plates, which are highly instructive because of their true color reproduction and concise descriptions. Scanning the color plates is an excellent way to review physical findings in STDs. The rest of the text is peppered with modern black-and-white two- and three-dimensional graphics and photomicrographs, giving the reader a more attractive journey through sometimes-heavy reading.

The editors' goal is to "provide comprehensive and authoritative information on the clinical, microbiological, and public health aspects of STD, including HIV infection, as an essential reference for the specialist as well as for the primary health care clinician." They have admirably reached this goal for the family physician serving individual STD and HIV patients, their families, and communities in either the developing or industrialized world.

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other types of arthritis. Using this book as a reference and memory jogger is a lot more efficient than reading through paragraphs of text to glean out the same information.

A shortcoming of the book is that the clinician must be able to diagnose a problem to access information; it is impossible to start with undifferentiated symptoms (eg, chest pain or dyspnea) and work toward a diagnosis. Because there are no illustrations in the book and no way from the printed text to confirm visually that you have made the correct diagnosis, experienced clinicians will be better served by this text than new learners.

After 1181 pages of material ranging from abortion, spontaneous, to Zollinger-Ellison syndrome, what could possibly be left to write about? There are 50 more pages of short topics consisting of less common conditions reported in abbreviated fashion. Many of these are eponymous syndromes, named for a person, and as presented, are more useful for their definition rather than for any depth of information. I found them to be useful mainly for the ICD-9-CM codes. Lastly, there is an index of medications included in the text and cross-referenced to all the conditions for which they are indicated. I could make no practical use of this information.

The book I reviewed also came with a CD-ROM program containing the full text and illustrated with 500 photographs. Without a search mode, navigating 1000 diagnoses with only the scroll bar is a little clumsy. The many dermatologic conditions shown do help confirm diagnoses and with learning variations on a theme (eg, varieties of lichen planus).

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**Griffith's 5 Minute Clinical Consult 1999. Griffith's 5-Minute Clinical Consult 1999 CD.** Edited by Mark R. Dambro, Jo A. Griffith, and Richard Winters. 1325 pp, [CD - illustrated.] Baltimore, Lippincott Williams & Wilkins, 1999. \$54.95 (paper). ISBN 0-7817-2011-7. [CD ISBN 0-7818-20621.]

Well-organized, predictable, and easy-to-use are words that I would use to describe *Griffith's 5 Minute Clinical Consult 1999 and CD ROM*. The format for each diagnosis remains the same throughout the alphabetized listing of more than 1000 medical conditions, eliminating the need to search the index. Each topic contains sections on basics, diagnosis, treatment, medications, follow-up, and miscellaneous. Listing of keywords rather than a sentence format makes the retrieval of information easier and quicker. A user-friendly feature of note for the practicing family physician and office staff is the ICD-9-CM code provided for each condition.

To illustrate how I found the book most useful, while I was viewing hand radiographs of one of my patients, I was trying to recall the characteristic findings of gout compared with pseudogout. Both conditions were listed in the book, and in the diagnosis column an imaging section gave the typical bone changes found in each condition. If I wanted a comparison with other arthritic disease, I would simply look in the imaging section of

**Practice-Based Teaching: A Guide for General Practitioners.** By Richard Hays. 145 pp. Emerald, Victoria, Australia, Eruditions Publishing, 1999. AV \$59.95. ISBN 1-86491-006-2.

I have long had the experience of attempting to transfer the skills of a good practitioner to that of a good teacher, and Hays recognized the need for help in this transition. He spent time in self-directed professional development that improved his understanding of teaching and learning. He wrote this book to help others go through this transition more efficiently. He accurately says, "good clinicians are not necessarily good teachers, but they have the potential to become great teachers."

Clinicians in North America who read this book need to translate some of the terminology used for various people. The term *medical student* is used for both preceptorship and clerkship students and describes their experiences in the practice as *attachments*. *General practice* is the Australian term for family practice. *GP registrar* is a resident. The term *learner* describes recipients of clinical supervision at any level. The author includes a glossary at the end of the book to serve as a guide to the "galaxy of education jargon," an important aid for the neophyte teacher.

In reading the book, I had the feeling that it has been published about 30 years too late. When our practices